PATENT APPLICATION

DECLARATION AND POWER	OF	ATT	ORNEY
FOR PATENT APPLICATION			

Full Name of Inventor: Janusz A. Kuzma

Residence: <u>7591 E. Ponderosa Circle, Parker, Colorado US 80138</u>

ATTORNEY DOCKET NO. AB-366U

As a below named inventor, I	hereby d	eclare that:					
My residence/post office addr			ted below next to	my name;			
I believe I am an original, firs					ed and for wh	ich a paten	t is sought on the invention
entitled:	-		•			•	
Cochlear Implant Electrode an	nd Metho	d of Making Same					
the specification of which is a			owing box is che	cked:			
() was filed on					ternational Ap	plication	
Number		and was ame	nded on		(if applical	ble).	
I hereby state that I have revie	wed and	understood the cont	ents of the above	-identified	snecification	including 1	the claims, as amended by
any amendment(s) referred to							
CFR 1.56.	m of Forei	an Driority					
Foreign Application(s) and/or Clai I hereby claim foreign priority benefit			Santian 110 afany	forgion annlia	atian(a) fau matan	t an invantant	a) contificate listed below and have
also identified below any foreign app							
COUNTRY	APPLICA	ATION NUMBER	DATE FILE	D -	PRIORITY CLAIMED UN		UNDER 35 U.S.C. 119
						YES:	NO:
						_YES: _	NO:
Provisional Application I hereby claim the benefit under Title	35, United	States Code Section 119	(e) of any United Sta	ites provision	al application(s) l	isted below:	
		_ APPLICATION SER	IAL NUMBER	FILIN	IG DATE		
		60/412,2			ember 2002		
				тэ зері			
				l			
U.S. Priority Claim	_					•	
I hereby claim the benefit under Title 1 of this application is not disclosed in the the duty to disclose material informate and the national or PCT international	he prior Uni tion as defir	ted States application in t ned in Title 37, Code of I	he manner provided b	y the first para	agraph of Title 35	, United State	s Code Section 112, I acknowledge
APPLICATION SERIAL NUM		FILING I	DATE		CTATIIC/ma	tontod/nandin	g/abandoned)
AT EICHTION SERIAL NON	MDER	FILINO	DATE	51A108			g/abandoned)
		 					
POWER OF ATTORNEY: As a named inventor, I hereby appoint Office connected therewith.	t the followi	ing attorney(s) and/or age	nt(s) listed below to p	prosecute this	application and tr	ransact all bus	iness in the Patent and Trademark
Bryant R. Gold, Reg. No.	o. 29715	Laura	a Haburay Bishop, I	Reg. No. 4742	24	Phil	lip H. Lee, Reg. No. 50645
Send Correspondence to:					Direct Telep	hone Calls T	o:
Bryant R. Gold Advanced Bionics Corporation 12740 San Fernando Rd. Sylmar, CA 91342					Philip H. Le 661-362-196	4	
I hereby declare that all statements ma these statements were made with the k 18 of the United States Code and that	mowledge t	hat willful false statemen	ts and the like so mad	de are punisha	ble by fine or imp	orisonment, or	both, under Section 1001 of Title

Citizenship: Australia

Post Office Address: Same	
Inventor's Signature	Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. AB-366U

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Inventor's Signature	Date	
Full Name of Inventor: <u>Steven A. Hazard</u>	Citizenship: <u>US</u>	
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